Effective October 1, 2000											2.57	2	
		CLAIMS AS	(Column	SMAL TYPE	LEI	YTTY	OR	OTHER SMALL					
TOTAL CLAIMS			31)				RAT	Έ	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	Basic Fee	710.00	
TOTAL CHARGEABLE CLAIMS			31 minus 20=		• 11		XS	)=		OR	X\$18=	198	
INDEPENDENT CLAIMS			7 minus 3 =		0		X40	_			X80=	110	
MULTIPLE DEPENDENT CLAIM P			RESENT						ļ	OR	-	070	
• 14	the differences	in achuma 1 ic	lose than zero, enter "I" in column 2			oluma 2	+13			OR	+270=	710	١,
* If the difference in column 1 is less than zero, enter *0* in column 2  4/13/05 CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								AL .	L	OR	TOTAL	1178	
4	13/05°	OTHER THAN SMALL ENTITY OR SMALL ENTITY						·					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	iest Ber	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total .	. 31	Minus	- 6	31	<b>-</b> O	X\$	<del>)=</del>		OR	X\$18=		
SE SE	Independent	·	Minus .	•••	2	-0	X40	) <del>-</del>		OR	X80=		
۲	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							5=		OR	+270=		
*		a						TAL	<b></b> -		TOTAL ADDIT, FEE		
1,	191/02	(Column 1)		(Colu	mn 2)	(Column 3)	ADDIT.	ree		•	, ADDII. FEE	•	
MTB		CLAIMS REMAINING 'AFTER AMENDMENT		NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT B	Total	. 31	Minus	1. 3	31	<b>-</b> Ø	X\$ 9	) <del>=</del>		OR	X\$18=	•	
	Independent	•	Minus	***	3	= Ø	X40	<b>—</b>		OR	X80=		
	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDEN	CLAIM		+13	5=		OR	+270=		
								TAL		OR	YOTAL ADDIT, FEE		ł
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDIT.	FEE	L		AUUII. PEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		0	XS S	)= -		OR	X\$18=		
	Independent	•	Minus	***		•	-X40				X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<u> </u>	-		OR			
							+13			OR	+270=		
•	If the entry in colu If the "Highest Nu	mn 1 is less than t	um eurah ny col	um 2, wi	• V 0100	mun 2	Yo	YAL		OR	- JOTAL		1

**Application or Docket Number**